

From: Office OF Women's Health <owh@cdc.gov>

To:

Subject: February 2002 Women's Health Update from the CDC/ATSDR

Date: Thu, 28 Feb 2002 08:19:17 -0500

Save the Date!! CDC/ATSDR Women's Health Conference, October 7-9, 2002, Atlanta, Georgia.

What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at owh@cdc.gov.

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21. BRFSS 19th Annual Conference, March 11-14, Atlanta
22. 2002 CDC Diabetes Translation Conference, May 6-9, St. Louis
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ARTICLES, REPORTS AND OTHER DOCUMENTS

1. Socioeconomic Status of Women with Diabetes - United States, 2000

To assess the socioeconomic status of women with diabetes, CDC analyzed data from the Behavioral Risk Factor Surveillance System, which indicated that the socioeconomic status of women with diabetes in 2000 was markedly lower than that of women without diabetes. Women with diabetes were more likely than women without diabetes to be aged >45 years; nonwhite; divorced, separated, or widowed; living alone; retired; or unable to work. Overall, women with diabetes were approximately twice as likely as women without diabetes to have an annual household income <\$25,000. Women account for approximately 52% of all persons aged >20 years with diabetes.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a3.htm>

PDF version (p. 147) - <http://www.cdc.gov/mmwr/PDF/wk/mm5107.pdf>

Telebriefing transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020221.ht>

2. U.S. HIV and AIDS Cases Reported Through June 2001: Midyear Edition

This report includes new tables which present trends in estimated annual AIDS incidence from 1996 through 2000, by U.S. region, race/ethnicity, and exposure category. The number of AIDS cases diagnosed in 2000 was 1.4% lower than that in 1999. From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9%. CDC estimates that about 339,000 persons were living with AIDS as of December 2000: 41% were black, 38% were white, 20% were Hispanic, 1% were Asian/Pacific Islander, and <1% were American Indian/Alaska Native. Included are figures for: female adult/adolescent annual AIDS rates; female adult/adolescent HIV infection and AIDS cases; AIDS cases by age group, exposure category, and sex; female adult/adolescent AIDS cases by exposure category and race/ethnicity; female adult/adolescent HIV infection cases by exposure category and race/ethnicity; trends of persons living with AIDS, trends of deaths of persons with AIDS; and other information.

<http://www.cdc.gov/hiv/stats/hasr1301.htm>

3. Association of the C677T Polymorphisms in the MTHFR Gene with Breast and/or Ovarian Cancer Risk in Jewish Women

An E-Journal Club review from the Human Genome Epidemiology Network (HuGENeT) of the Gershoni-Baruch R, et al article published in Eur J Cancer 2000;36:2313-2316. Includes a detailed abstraction of the article.

<http://www.cdc.gov/genetics/hugenet/ejournal/C677TMTHFR.htm>

4. Strategies to Reduce Pregnancy-Related Deaths: From Identification and Review to Action

This 2001 manual describes strategies for conducting pregnancy-related or maternal mortality surveillance in the United States. This surveillance is an on-going process of identifying pregnancy-related deaths, reviewing the factors that led to those deaths, analyzing and interpreting the information gathered, and acting on the results to reduce future deaths. The manual addresses issues and tasks that are important for health departments, clinicians, vital statistics personnel, pregnancy-related mortality review committees, legislators, and community groups. Approximately 214 pages. Bookmarked PDF (1,693 KB)- <http://www.cdc.gov/nccdphp/drh/pdf/Strategies.pdf>
Tagged PDF (2,474 KB) -

http://www.cdc.gov/nccdphp/drh/pdf/Strategies_tagged.pdf

To order publication - <http://www.cdc.gov/nccdphp/drh/public.htm>

5. State-Specific Mortality from Sudden Cardiac Death - United States, 1999

Each year in the United States, 400,000-460,000 persons die of unexpected sudden cardiac death (SCD) in an emergency department (ED) or before reaching a hospital. Based on the latest U.S. mortality data, this report summarizes and analyzes 1999 national and state-specific SCD data. Women had

a higher total number of cardiac deaths and higher proportion of out-of-hospital cardiac deaths than men (51.9% of 375,243 and 41.7% of 353,500, respectively), and men had a higher proportion of cardiac deaths that occurred in an ED or were dead on arrival (21.2% of 353,500 and 12.0% of 375,243, respectively). Blacks had the highest age-adjusted rates (253.6 in men and 175.3 in women) followed by whites (204.5 in men and 138.4 in women), American Indians/Alaska Natives (132.7 in men and 76.6 in women), and Asians/Pacific Islanders (111.5 in men and 66.5 in women).

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020215.htm>

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5106a3.htm>

PDF version (p. 123) - <http://www.cdc.gov/mmwr/PDF/wk/mm5106.pdf>

6. Substance Abuse Treatment (HIV Prevention Among IDUs)

These fact sheets focus on HIV prevention issues related to substance abuse treatment. They include: Substance Abuse Treatment for Injection Drug Users: A Strategy with Many Benefits, What Can We Expect From Substance Abuse Treatment?, Linking HIV Prevention Services and Substance Abuse Treatment Programs, Methadone Maintenance Treatment, Policy Issues and Challenges in Substance Abuse Treatment, Substance Abuse Treatment and Public Health: Working Together to Benefit Injection Drug Users.

<http://www.cdc.gov/idu/substance.htm>

7. Barriers to Dietary Control Among Pregnant Women with Phenylketonuria-United States, 1998-2000

This report describes the pregnancies of three women with phenylketonuria (PKU) and underscores the importance of overcoming the barriers to maintaining the recommended dietary control of blood phenylalanine levels before and during pregnancy. When women with PKU do not adhere to their diet before and during pregnancy, infants born to them have a 93% risk for mental retardation (MR) and a 72% risk for microcephaly. An estimated 3,000-4,000 U.S.-born women of reproductive age with PKU have not gotten severe MR because as newborns their diets were severely restricted in the intake of protein-containing foods and were supplemented with medical foods (e.g., amino acid-modified formula and modified low-protein foods).

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020215b.htm>

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5106a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5106.pdf>

8. Revision of Guidelines for the Prevention of Perinatal Group B Streptococcal Disease

CDC is revising the 1996 guidelines for the prevention of perinatal group B streptococcal disease to include newly available multistate data and to address common clinical questions and challenges that have arisen during implementation of the guidelines. Comments or questions should be sent before March 15, 2002, to gbs@cdc.gov or to Group B Strep Prevention Coordinator, CDC, 1600 Clifton Road, MS C-23, Atlanta, GA 30333.

9. Injury Maps

Injury Maps, CDC's new interactive mapping system, helps you identify and communicate the impact of injury deaths in your county, state, region, or the entire United States. The system provides the geographic distribution of injury-related mortality rates in the U.S. and allows you to use the mortality rates to form maps. You can create and print county-level and state-level maps of age-adjusted injury mortality rates for the entire U.S. and for individual states.

<http://www.cdc.gov/ncipc/maps/default.htm>

10. Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

Study summaries of agents used in pregnancy and issues related to the use of these agents.

PDF document -

http://www.hivatis.org/guidelines/perinatal/Feb4_02/Safety.pdf

11. Births: Final Data for 2000

This report presents 2000 data on U.S. births according to a wide variety of characteristics. The number of births rose 3 percent in 2000; birth and fertility rates rose 1 to 2 percent. Data are presented for maternal demographic characteristics; birth and fertility rates by age, live-birth order, race, Hispanic origin, and marital status; mother's State of residence, month and day of birth, sex ratio, and age of father; and trends in fertility patterns and maternal and infant characteristics.

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020212.htm>

PDF document (1.3 MB) -

http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf

12. Early Release of Selected Estimates from the National Health Interview Survey (NHIS)

In this release, CDC provides estimates for 11 selected health measures based on new data from the January-June 2001 NHIS, with comparison to estimates from the NHIS back to 1997. For each selected health measure, a graph is presented showing the trend over time for the total population, followed by graphs or tables showing estimates by sex, age group, and race/ethnicity. The 11 measures included are: Health insurance coverage (including type of coverage), Usual place to go for medical care, Failure to obtain needed medical care, Influenza vaccination, Pneumococcal vaccination, Obesity, Regular leisure-time physical activities, Current smoking, Excessive alcohol consumption, HIV testing, and Respondent-assessed health status.

Press Release - <http://www.cdc.gov/nchs/releases/02news/healthinsur.htm>

Overview page - <http://www.cdc.gov/nchs/about/major/nhis/released200202.htm>

13. FAQs: Guidelines for Pregnant Women Who Have Been Exposed to Anthrax But

Do Not Have Symptoms

These questions and answers discuss medicine to prevent anthrax in pregnant women who have been exposed to anthrax, but who do not have symptoms of anthrax disease. For CDC guidelines for treating anthrax disease, see MMWR, October 26, 2001/Vol. 50/No. 42.

<http://www.cdc.gov/ncbddd/bd/anthrax.htm>

14. Obesity and Genetics: A Public Health Perspective

Studies are showing that the genes are not destiny but are still a significant factor in developing obesity. Studying the genetics of obesity will lead us to a greater understanding of the metabolic condition of obesity and help us to explore new options for prevention and treatment. Also included on this site: the problem and cost of obesity, the genetics of obesity, preventing and decreasing overweight and obesity, obesity organizations, journal and news articles, and slides and reader's forum.

<http://www.cdc.gov/genetics/info/perspectives/obesity.htm>

15. Listserv - State Health Statistics by Sex and Race/Ethnicity

This listserv provides a mechanism for dissemination of information regarding State Health Statistics by Sex and Race/Ethnicity activities, products, and release dates. Listserv members can expect to receive notices throughout the year of updates to existing tables, new releases, and other relevant information.

<http://www.cdc.gov/nchs/datawh/statab/shslistserv.htm>

16. Use of Assisted Reproductive Technology - United States, 1996 and 1998

This report examines state specific use of ART in 1996 and 1998 and provides data on ART live-born and multiple infant birth rates in 1998. Findings indicate that the use of ART is increasing in most states and that more than half the infants born as a result of these procedures are multiple births. These high-risk births contribute disproportionately to health-care costs and might negatively affect maternal and child health outcomes, particularly in states where large numbers of ART procedures are performed.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a2.htm>

PDF version (p. 97) - <http://www.cdc.gov/mmwr/PDF/wk/mm5105.pdf>

17. Progress Toward Elimination of Perinatal HIV Infection-Michigan, 1993-2000

This report summarizes surveillance data collected through December 31, 2001, on children born to HIV-infected women in Michigan during 1993-2000. The report highlights rapid adoption of PHS guidelines that resulted in the reduction of perinatally acquired HIV infection to historically low levels in Michigan. Improving levels of prenatal care (PNC) for HIV-infected pregnant women, especially substance users, and routine HIV counseling and voluntary testing for all pregnant women are needed to further reduce perinatal HIV infection.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5105.pdf>

18. General Recommendations on Immunization

This report provides technical guidance regarding common immunization concerns for health-care providers who administer vaccines to children, adolescents, and adults. Includes information on breast-feeding and vaccination, and vaccination during pregnancy. This report is a revision of General Recommendations on Immunization and updates the 1994 statement by the Advisory Committee on Immunization Practices.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/rr/rr5102.pdf>

19. Infant Mortality Statistics from the 1999 Period Linked Birth/Infant Death Data Set

Infant mortality rates were higher for mothers who began prenatal care late or had none at all, were teenagers, had 9-11 years of education, were unmarried, or smoked during pregnancy. Infant mortality rates were also higher for male infants, multiple births, and infants born preterm or at low birthweight. Almost 28,000 infants died in the first year of life in 1999. The three leading causes of infant death--congenital malformations, low birthweight, and sudden infant death syndrome--together accounted for almost one-half of all infant deaths in 1999.

Fact Sheet - <http://www.cdc.gov/nchs/releases/02facts/99infant.htm>

PDF document (1.3 MB) -

http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_04.pdf

UPCOMING CDC CONFERENCES

20. 2002 National STD Prevention Conference, March 4-7, 2002, San Diego, CA

This conference will provide an opportunity to discuss challenges through exploration of the latest science, the best practices, and how science and practice interface.

<http://www.stdconference.org/>

21. BRFSS 19th Annual Conference, March 11-14, Atlanta, GA

CDC invites you to attend the 19th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference. Persons involved in data collection, analysis, and utilization of state-based behavioral surveillance data are encouraged to attend.

<http://www.cdc.gov/nccdphp/brfss/conference/index.htm>

22. 2002 CDC Diabetes Translation Conference, May 6-9, St. Louis, MO

The CDC Diabetes Translation Conference 2002 will bring together a wide constituency of local, state, federal, and territorial governmental

agencies, and private-sector diabetes partners. We will explore science, policy, education, and program planning and implementation and evaluation issues that will help eliminate the preventable burden of diabetes.

<http://www.cdc.gov/diabetes/conferences/index.htm#2002>

23. 2002 National Sexual Violence Prevention Conference: Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue, May 28-31, Chicago, IL

The theme, "Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue" aptly describes conference goals to: forge working partnerships between researchers, practitioners, advocates, and survivors; increase understanding of issues on sexual assault; bring together representatives from the public and private sector; and provide a broad focus of expertise on programs, direct services, surveillance, research and evaluation.

<http://weblink.cdc.gov/ncipc/dvp/fivp/2002nsvp.htm>

24. The Public's Health and the Law in the 21st Century, June 18-19, Atlanta, GA

The conference will be held at the Sheraton Colony Square Hotel, 188 14th Street, NE, Atlanta, Georgia, 30361. The purpose of the conference is to improve the understanding and use of law as a vital tool to advance the public's health in the 21st century.

<http://www.phppo.cdc.gov/phlawnet/conference/>

25. First National Conference of the National Center on Birth Defects and Developmental Disabilities, September 17-19, 2002, Atlanta, GA.

The theme for the conference is "Honoring the Past and Framing the Future."

<http://www.cdc.gov/ncbddd/conference.htm>

26. CDC/ATSDR Women's Health Conference, October 7-9, 2002, Marriott Marquis Hotel, Atlanta, GA. Save the date!!

HEALTH OBSERVANCES/CAMPAIGNS

27. National Colorectal Cancer Awareness Month

Colorectal cancer, or cancer of the colon or rectum, is the third leading cause of cancer-related deaths in the United States. The American Cancer Society estimates 148,300 new cases will be diagnosed in 2002. Many studies show that screening reduces mortality from colorectal cancer. The CDC's Colorectal Cancer Prevention and Control Screening Campaign is called, "Screen for Life." The Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) and the National Cancer Institutes are partners in the Screen for Life Campaign.

<http://www.cdc.gov/cancer>

28. National Women's Health Week, May 12-18, 2002

Start planning now. National Women's Health Week is a national effort to raise awareness about manageable steps women can take to improve their health. The focus is on the importance of incorporating simple health behaviors into everyday life.

NWHIC Web site - <http://www.4women.gov/PYPHTH/CAK/index.htm>

29. Changing Face of Women's Health Exhibit

The Changing Face of Women's Health exhibit is the first national exhibit dedicated to women's health. This traveling exhibit presents a sampling of many critical health issues facing women today. The exhibit touches on issues women experience at every stage of life. The exhibit is at the Museum of Science in Boston, MA from February to April 2002. National sponsors for the exhibit include CDC, the National Institutes of Health, Metropolitan Life Foundation and Pfizer Women's Health.

Women's Health Project Web site - <http://www.whealth.org/exhibit/>

CDC SPONSORED TRAINING/CONTINUING EDUCATION

30. Revised Recommendations for HIV Screening of Pregnant Women, April 25, 1:00-3:00 pm, ET

This broadcast will discuss Revised Recommendations for HIV Screening of Pregnant Women-published November 9, 2001 in CDC's Morbidity and Mortality Weekly Report Recommendations and Reports series. The agenda includes the key recommendations, revisions from previous guidelines, implementation issues, resources and recommended reading. Viewers may fax in questions before and during the broadcast.

<http://www.cdcnpi.org/broadcast/current/2002/0425/start.htm>

PDF fact sheet - <http://www.phppo.cdc.gov/phtn/hivfs2002.pdf>

Registering a site - <http://www.phppo.cdc.gov/phtn/hivreg2002.pdf>

31. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web
Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be in Wednesday, March 13. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site -

<http://www.uic.edu/sph/cade/mchebi/meetings/>

GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

32. Community-Based Participatory Prevention Research [Program Announcement 02003]

The purpose of the program is to stimulate investigator-initiated participatory research on community-based approaches to prevention. Findings from these projects should advance the practice of public health and policy in order to promote health and reduce disease, disability, and injury. Specifically, this announcement seeks to support multi-disciplinary, multi-level, participatory research that will enhance the capacity of communities and population groups to address health promotion and the prevention of disease, disability and injury. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Additional applicant requirements apply. Approximately \$13,000,000 is available in FY 2002 to fund approximately 30 awards. It is expected that the average award will be \$450,000, ranging from \$400,000 to \$500,000. A non-binding LOI is requested for this program, on or before March 20, 2002. Application deadline: April 30, 2002.

<http://www.cdc.gov/od/pgo/funding/02003.htm>

33. Integrated, Multi-level Interventions to Improve Adolescent Health through the Prevention of Sexually Transmitted Diseases, Including HIV, and Teen Pregnancy [Program Announcement 02008]

The goal of this cooperative agreement research program is to develop, implement and evaluate interventions to prevent STD, including HIV, and pregnancy among adolescents. These interventions should be multi-level and should be integrated, interactive, and synergistic. The goal of this research program is to take a developmental approach to delivering

multi-level interventions, that change over time to be age appropriate. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Approximately \$1,000,000 is available in FY 2002 to fund up to three awards. A letter of intent (LOI) is requested and appreciated but is not required for this program. On or before March 1, 2002, submit the LOI. Application Deadline: June 1, 2002.

<http://www.cdc.gov/od/pgo/funding/02008.htm>

34. Grants for Rape Prevention and Education [Program Announcement 02002]
CDC announces the availability of fiscal year (FY) 2002 funds for grants to state and territorial health departments, to support programs addressing violence against women. The Rape Prevention and Education Grant Program strengthens violence against women prevention efforts by supporting increased awareness, education and training, and the operation of hotlines. The purpose of this program is to award formula grants to States and Territories to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities. Assistance will be provided only to the health departments of States and territories, or their bona fide agents who are current recipients of Rape Prevention and Education funding, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Approximately \$42,000,000 is available in FY 2002, for funding under this formula based grant program (refer to attachment 1 in the application kit). It is expected that the awards will be made on two cycles. Due Date: April 1, 2002 for selected States and Territories.

<http://www.cdc.gov/od/pgo/funding/02002.htm>

FAQs - http://www.cdc.gov/ncipc/res-opps/rpe_tecfaq.htm

35. Public Health Conference Support Grant Program [Program Announcement 02004]

CDC and ATSDR announce the availability of fiscal year (FY) 2002 funds for a grant program for Public Health Conference Support. This announcement is related to the focus areas of Arthritis, Osteoporosis, Chronic Back Conditions, Cancer, Diabetes, Disability and Secondary Conditions, Educational and Community-Based Programs, Environmental Health, Heart

Disease and Stroke, Immunization and Infectious Diseases, Injury and Violence Prevention, Maternal, Infant and Child Health, Occupational Safety and Health, Oral Health, Physical Activity and Fitness, Public Health Infrastructure, Respiratory Diseases, Sexually Transmitted Diseases, and Tobacco Use. HIV is not included in this Program Announcement. The purpose of conference support funding is to provide partial support for specific non-federal conferences (not a series) in the areas of health promotion and disease prevention information and education programs, and applied research. Applications for CDC support may be submitted by public and private non-profit organizations. Public and private non-profit entities include State and local governments or their bona fide agents, voluntary associations, foundations, civic groups, scientific or professional associations, universities, and Federally-recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Approximately \$1,100,000 may be available from CDC in FY 2002 to fund approximately 50 to 60 awards. Approximately \$50,000 is available from ATSDR in FY 2002 to fund approximately six awards. A letter of intent (LOI) is required for this Program Announcement. Submission and Deadline for all applicants: Letter of Intent Due Dates: Cycle C: April 1, 2002 for Conferences November 1, 2002 - September 30, 2003.

<http://www.cdc.gov/od/pgo/funding/02004.htm>

36. Public Health Conference Support Cooperative Agreement Program for HIV Prevention [Program Announcement 01025]

CDC announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus (HIV) Prevention. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Approximately \$200,000 is available in FY 2002 to fund approximately 10 to 15 awards. Awards may range from \$10,000 to \$25,000. Letter of Intent Due Date: Cycle IV: July 19, 2002-for conferences January 1-June 30, 2003.

<http://www.cdc.gov/od/pgo/funding/01025.htm>

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CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.